2012 ECONOMIC CENSUS

Offices of Dentists

OMB No. 0607-0934: Approval Expires 12/31/2013

DUE DATE FEBRUARY 12, 2013

Need help or have questions?

- Read the accompanying information sheet(s) before answering the questions.
- Visit econhelp.census.gov
- Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

(Please correct any errors in this mailing address.)

HC-62105

INFORMATION COPY DO NOT USE TO REPORT

Report Online - It's fast and secure! **Go to:** econhelp.census.gov

- OR -

Mail your completed form to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Please center numbers in their respective boxes.
- Place an "X" inside the box.

Examples:

∅ 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown to the left of the mailing address the same as the one used for this establishment on its latest 2012 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

Yes - Go to 2 0022 No - Enter current EIN (9 digits) — • 00

	DI IVOIO A I	LOGATION
(2)	PHYSICAL	LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

O031 Yes - Go to line B

O032 No - Enter—

physical location

0037 State 0038 ZIP Code

CONTINUE WITH 2 ON PAGE 2

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B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? (Mark 'X' only ONE box.) Co. In what type of municipality is this establishment physically located? Co. In what type of municipality is this establishment physically located? Co. In what type of municip	PHYSICA								
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Coling City village, ober Town or township Coling	0041	Yes	0042 No		0043 No	o legal bound	laries	0044 D	o not know
OPERATIONAL STATUS Which ONE of the following best describes this establishment's operational status at the end of 2012? (Mark 'X' only ONE box.) OIT In operation OIT Geased operation - Interest right SE TO REPORT OIT Geased operation - Interest right SE TO REPORT OIT Geased operation - Interest right SE TO REPORT OIT Geased operation - Interest right SE TO REPORT OIT Month Day Year Month Day Year OIT Month Day Year Month Day Year OIT Month Day Year Month Day Year OIT AND enter name July data so if new owner or operator OIT OIT OIT AND enter name July data so if new owner or operator OIT Month Day Year Month Da	C . In wh	at type of munic k "X" only ONE k	cipality is this e	establishment phys	sically located?				
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Temporarily or seasonally inactive NATION COPY	Which O	NE of the follow	_	bes this establishn	nent's operatio	nal status at	the end of	f 2012?	
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0062 Mailing address (Number and street, P.O. Box, etc.) 0063 City, town, village, etc. 0064 State 0065 ZIP Code Other - Specify	0015	Sold or leased and Employer	io ar other op e hid idaress dentification N						
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Form **HC-62105** (11-16-2011) Page 3

EMPLOYMENT AND PAYROLL	
Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identifica (EIN) shown to the left of the mailing address or corrected in Exclude: Temporary staffing obtained from a staffing service. Contractors, subcontractors, or independent contractors. Full- or part-time leased employees whose payroll was filed under an employee leasing company's or Purchased or managed services, such as janitorial, guard, or landscape services. Professional or technical services purchased from another firm, such as software consulting, computationally programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including Part Formation Sheet(s). A. Number of employees for pay period including Part Formation Sheet(s). A. Number of employees for pay period including Part Formation Sheet(s). Exclude employer's cost for frieds on Fits. USE TO REPORT B. Payroll before deductions of the provided selection of the provided selection seem appropriate, provide a specific description of the primary business Mark "X" only ONE box. Dental services 621 210 00 1 Dentist(s) or other specialty dental practitioner(s) having D.M.D., D.D.S., or D.D.S. (account of the provided selections seem appropriate, provide and maxillofacial surgeons, etc. (account of the primary business) 621 399 00 AD Dental hygienist(s) 621 399 00 AD Dental hygienist(s) 621 399 00 AD Dental laboratory Physician services (Include physicians with the degree of M.D. or D.O.) 621 111 00 Dental laboratory Physician services (Include physicians with the degree of M.D. or D.O.) 621 111 00 Dental laboratory Physician services (Include physicians with the degree of M.D. or D.O.) 621 112 00 Dental representation of the provided segmental health specialists (Include practitioner(s) engaged of general or specialized medicine and/or surgery.) 621 112 00 Dental representation of the provided segmental health physician(s) Other kind of business or activit	
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						2012				
		Percents should be rounded to whole percents.		Report thousands of dollars OR whole percents.						
	HOW TO REPORT	whole percents.	\$	Bil.	Estimate Mil.	s are acceptable.	Percent			
	PERCENTS			DIII.	IVIII.	mod.				
		If figure is 38.76% of total sales: <i>Report</i> —	→				3 9			
22	(Report receipts by	SHIPMENTS, RECEIPTS, OR REVENUE source either as a dollar figure or as a whole pe FIGURES on page 2 and HOW TO REPORT PERC	ercent ENTS	of tot above	al receipts (re . Do not com	ported in ⑤). S bine data for tw	ee HOW TO vo or more			
	Line 1a - Report retreatments. Include bundled with this s	eceipts for clinical oral evaluations diagnosing specifies routine preventative services, diagnostic imaginariose.	ecific ng, and	proble d oral	ems and pres pathology lal	cribing appropr poratory service	iate s when			
	dental appliances.	eceipts for preventative procedures, such as fluo Report preventative services bundled with consu	ıltatior	ı servi	ices on line 1	a.	·			
	Line 2 and line 3 medicine services	- Include pre-procedure consultation, diagnostic, when bundled with these services	anest	hesi I,	post procedu	1	escription			
	Description (of sales, shipments, receipts, or reverse TO	R	E		2012 dollars OR wholes are acceptable.	e percents.			
		DO NOT OF	\$	Bil.	Mil.	Thou.	Percent			
1.	Dental visits and co	onsult tons								
	a. Consultation an	d diagnostic services	21							
	b. Preventative ser	vices	22							
2.	Dental surgical inte	rvention services								
	a. Surgical periode	ontal services	31							
	b. Implant services	S	33							
	c. Surgical oral an	d maxillofacial services 302	34							
	d. Surgical endodo	ontic services	35							
	e. Other surgical i	ntervention services - Describe								
		302	36							
	f. Add lines 2a t	hrough 2e	30							
3.	Dental non-surgica	I intervention services								
J.	_ 0									
	a. Restorative den	tal services	41							
	b. Non-surgical en	dodontic services	42							
	c. Non-surgical pe	riodontal services 302	43							
		CONTINUE WITH ② ON P.	AGE 5							

If no Nur	ot shown, please enter your 11-digit Census File nber (CFN) from the mailing address.								
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continue	d							
		_		2012					
	Description of sales, shipments, receipts, or revenue		Report thousands of dollars OR whole Estimates are acceptable.						
		\$ Bil.	Mil.	Thou.		Pe	ercent	t	
3.	Dental non-surgical intervention services - Continued								
	d. Prosthodontic (fixed and removable) services 30247								
	e. Orthodontics								
		CO	PY						
	f. Maxillofacial prosthetics		OPT						
	g. Other non-surgical intervention services - Sescribe 7	REF	יאטק						
	"NOT LISE TO								
	DO NO 1 30249								
	f. Maxillofacial prosthetics g. Other non-surgical intervenion berkicks - pescribe 7 DO NOT USE TO 30249								
	h. Add lines 3a through 3g								
4.	Medical and diagnostic testing								
5.	Anesthesia services								
6.	Resale of merchandise - Describe								
								_	
	39698								
7.	All other operating receipts - Describe if more than 10 percent of total receipts or revenue								
	39749								
8.	TOTAL OPERATING RECEIPTS - Sum of lines should equal 5 if reporting in dollars						0	0	
23	-25 Not Applicable.	ı							
26	SPECIAL INQUIRIES								
	A. DENTAL CARE								
	Estimate the percent of dental care from:						12		
						Per	cent		
	1. Services paid by individuals, insurers, or government payers, Medicaid			9860				%	
	2. Services paid by other health/dental providers or facilities			9861				%	
	3. TOTAL				I	0	0	%	
	CONTINUE WITH ② ON PAG	GE 6							

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26 SPECIAL INQUIRIES - Continued						
B. PERSONNEL BY OCCUPATION						
Enter employment reported on IRS Form 941, Employer's C category in column 1. The total of column 1 should equal the no	uarterl ımber r	y Federal T eported in (ax Return, 7, line A.	, by occu	pational	
Enter each active proprietor or partner by occupational cate not considered employees of the firm for federal tax purposes operating at more than one location should report the proprieto spend most of their working time.	should	be included	. Unincor	porated p	ractices	S
	for pay	Number of employees period incluance process period incluance arch 12, 2012		propri for pa	mber of active tors or party period includer arch 12, 2012	tners iding
1. Dentists - licensed practitioners having D.M.D. , D.D.S. , or D.D.Sc. degree			3273	3		
2. Other dental practitioners (Include hygienists, technicians, and assistants.)	C	OPY	3283	3		
3. Registered nurses . INFORMA	R	EPO	3279	9		
2. Other dental practitioners (Include hygienists, technicians, and assistants.) 3. Registered nurses NOT USE 7329 4. Licensed practical properties 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			3280	0		
5. All other health practitioners			328	1		
6. All other employees (Include management and administrative staff.)			3282	2		
7. TOTAL (Sum of lines 1 through 6, for employees, should equal 7, line A.)			3260	0		
27–29 Not Applicable.						
REMARKS (Please use this space for any explanations that may be esse	ntial in	understand	ling your I	reported (data.)	
CERTIFICATION - This report is substantially accurate and was prep	ared in	accordance	e with the	instructi	ons.	
Is the time period covered by this report a calendar year?	nth	Year		Month	Year	
☐ Yes ☐ No - Enter time period covered → FROM			то			
Name of person to contact regarding this report	Title					
Area code Number Extension		Area code	:	Nu	mber	
Telephone	Fax		-	-		
E-mail address			Month	Day	Year	
	Date	pleted				
Thank you for completing your 2012 E	CON	оміс с	ENSUS	form		

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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